May 4, 2004

REQUEST	Application No.	09/752,879						
FOR	Filing Date	February 14, 2002 /2/28/00						
CONTINUED EXAMINATION (RCE)	First Named Inventor	Aditys Mokherjee						
TRANSMITTAL	Ari Unit	2133						
Address to: Mail Stop RCE Commissioner for Patents	Examinar Name	Guy J. Lemere						
P.O. 1460 Alexandria, VA 22313-1450	Alternay Docket Number	42390P9572X						
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above identified								
application.	mothe to some utility or count at	2						
or to any design application. See Instruction Sheet for MCES (not to be submissed to or	IS OOP TO! ON PAPE 2.							
<ol> <li>Submission required under 37 C.F.R. § 1.114 Pion: If the RCE is proper, any previously filed unentered amendments and enforments encoded with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any proviously filed unentered amendment(s) entered, applicant must request convenity of each amendment(s).</li> </ol>								
a 50 Previously submitted, if a final Office action is outstate	nding, any emendment	s filed after the final Office						
ection may be considered as a submission even if this box is not checked.  i. 50 Consider the smendment(s)/reply under 57 C.F.R. § 1.116 previously filed on April 6, 2004.								
(Any unensend amendment(s) returned to show will be unarrequed.  II. Consider the surguments in the Appeal Brief or Reg.	_	<b>B</b>						
B. Other	,, 6.10, p							
h C Fordosed								
i. Amendment/Reply	formation Disclosure Si her	stement (IDS)						
A. C. Million (Spheron and 19)								
Miscallaneous     Suspension of action on the above identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Pariod of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)								
months. (Period of suspension shall not exceed 3 mon	ntha; Fee under 37 C.F	.R. § 1.17(i) requires)						
b. Other	<del></del>							
3. Fees The RCE toe under 37 C.F.R. § 1.17(a) is required by 37 C.F.R. §								
B. The Director is hereby authorized to charge the follow	ring tees, or credit any	overpayments, to Deposit Account						
No. 02-2556. i. 55 RCE fee required under 37 C.F.R. § 1.17(e) and a	any additional claims fe	o(1)						
ii Extension of time fee (37 C.F.R. § 1.136 and 1.17)								
iii.								
b.  Check in the amount of \$770.00 enclosed								
c. Payment by credit card. (Form PTO-2038 enclose)								
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2008.								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name (PrintType) Steven Laut	Registration No. (	Adorney/Agent 47,736						
Signature	Date	May 4, 2004						
CERTIFICATE OF MAILING OR TRANSMISSION								
Thereby certify that this consepondence is being deposited with the United States Postel Service on the date shown below with sudicient postage as first class and in an envelope addressed for Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Nosy 4, 2004								
Normal State Control 1 Safa Sunhado								

PAGE 7/74 \* RCVD AT 114/2004 1:26:34 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/4 \* DNS:8729306 \* CSD:3108705988 \* DURATION (pm:-ss):09:38

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Application or Docket Number

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BASIC FEE

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

Minus Minus

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

(Column 1)

NUMBER FILED

minus 20=

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(Column 2)

HIGHEST

NUMBER

**PREVIOUSLY** 

PAID FOR

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**CLAIMS AS FILED - PART I** 

\* If the difference in column 1 is less than zero, enter "0" in column 2

.AIMS AS AMENDED - PART II

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

**TOTAL CLAIMS** 

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

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**AMENDMENT** 

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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